

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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RICHARD LOOS,

Plaintiff,

Case Number: 07-CV-6723 (PKL)

-against-

COMFORT INNS, INC. and CHOICE HOTELS
INTERNATIONAL, INC.,

Defendants,

**COMBINED DEMANDS FOR
DISCOVERY AND INSPECTION**

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COMFORT INNS, INC. and CHOICE HOTELS
INTERNATIONAL, INC.,

Third-Party Plaintiffs,

-against-

KENNETH WEISS and RONDAVEL MANAGEMENT
CORPORATION

Third-Party Defendants.

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TO PLAINTIFF:

PLEASE TAKE NOTICE, that pursuant to CPLR § 3120 and other applicable sections of the CPLR, the LAW OFFICES OF DONALD L. FRUM, attorneys for the defendant, RONDAVEL MANAGEMENT CORPORATION & PALISADES LODGING CORPORATION, demand that you respond to the following demands for disclosure attached hereto, within twenty (20) days, at the LAW OFFICES OF DONALD L. FRUM, 565 Taxter Road, Suite 150, Elmsford, New York 10523.

DEMAND FOR STATEMENTS AND WITNESSES

1. Complete copies of all statements, recordings, abstracts of recordings, investigator's summaries of statements, writings, photographs, films/video tapes, taken by or on behalf of plaintiff from or of this demanding party.
2. A complete list of the names and addresses of all persons claimed or believed to have witnessed, or have knowledge of the following:
 - a. the accident or occurrence or to have first hand knowledge of the same or the facts and circumstances regarding the occurrence;

- b. any other acts or omissions claimed to constitute the negligence of any party;
- c. any acts or omissions pertaining to the damage suffered or incurred by any party as a result of the negligence of any other party;
- d. any facts or circumstances alleged to have constituted actual or constructive notice to any party of the condition alleged to have caused the claimed injuries of damage;
- e. the making of any statements or admissions of this demanding party bearing on the issues of negligence, contributory negligence, and culpable conduct of any party hereto;
- f. the name and address of any person claiming actual notice to the defendant of any condition, which allegedly caused the injury, complained of;
- g. if a claim of loss of services is made, set forth the names and addresses of any person hired to perform services in the place of each plaintiff.

4. If no such statements exist and/or there are no such witnesses known, so state in reply to this demand.

DEMAND FOR ACCIDENT REPORTS

Any written report relating to the accident which is the subject matter of this lawsuit, prepared in the regular course of business or practice of any person, firm, corporation, association, or other public or private entity.

DEMAND FOR PHOTOGRAPHS

Original photographs, films, motion pictures and/or video tapes taken of the situs of the accident or occurrence, the parties, the instrumentalities and/or motor vehicles involved, or the physical condition of the plaintiff, taken by or in the possession of the plaintiff, his attorneys or insurance carrier and/or their agents, servants and employees and any such materials which the plaintiff or their attorneys intend to utilize as an exhibit or evidence at the trial of this action.

DEMAND FOR EXPERT INFORMATION

- 1. The name and address of each and every person you expect to call as an expert witness at the trial of this action;
- 2. The area of expertise of each expert witness;
- 3. The qualifications of each expert witness;
- 4. In reasonable detail, the subject matter on which each expert is expected to testify;
- 5. The substance of the facts and opinions on which each expert is expected to testify;
- 6. Any documents or photographs seen and considered by the expert in rendering the opinion;
- 7. Copies of photographs to be utilized by expert;
- 8. A summary of the grounds for each expert's opinion;
- 9. The substance of the opinion of each expert.

DEMAND FOR WORKERS' COMPENSATION RECORDS

Original duly executed and acknowledged written authorizations permitting the undersigned to obtain copies of all Workers Compensation records pertaining to the accident and injury alleged in the complaint from **both** the Workers' Compensation carrier **and** the Workers' Compensation Board.

MISCELLANEOUS

Copies of any and all agreements and/or contracts entered into or between the parties and any deposition transcripts already executed.

DEMAND FOR WORKERS' COMPENSATION RECORDS

Original duly executed and acknowledged written authorizations permitting the undersigned to obtain copies of all Workers Compensation records pertaining to the accident and injury alleged in the complaint from **both** the Workers' Compensation carrier **and** the Workers' Compensation Board.

DEMAND FOR COLLATERAL SOURCES

1. A verified statement setting forth the amounts claimed by the plaintiff(s) for the cost of:
 - a) Medical care;
 - b) Dental care;
 - c) Custodial care;
 - d) rehabilitation services;
 - e) loss of earnings;
 - f) any other economic loss.

2. Further, it is demanded that the plaintiff(s) list and identify in a verified statement each and every collateral source including, but not limited to, insurance, social security, Workers' Compensation, no-fault, and/or employee benefit programs, setting forth the names, addresses, and policy numbers of each provider of such collateral sources as well as the amounts paid and the dates paid.

3. Original duly executed and acknowledged written authorizations permitting the undersigned to obtain copies of the complete files from each collateral source identified above.

DEMAND FOR EMPLOYMENT RECORDS AND TAX RETURNS

1. Written authorizations permitting the undersigned to obtain the plaintiff's employment records for three (3) years prior to the date of the alleged accident herein and for each and every year since the alleged accident;
2. Written authorizations to obtain the plaintiffs wage statements for three (3) years prior to the date of the alleged accident herein and for each and every year since the alleged accident;

3. Written authorizations to obtain the plaintiffs income tax returns for three (3) years prior to the date of the alleged accident herein and for each and every year since the alleged accident;

4. Photocopy of each plaintiff's driver's license and other form of identification as required by IRS for processing of authorizations.

DEMAND FOR MEDICAL REPORTS AND AUTHORIZATIONS

Pursuant to CPLR § 3121 et. seq., governing the exchange of medical information, you are required to forward to the undersigned attorneys for the defendant within twenty (20) days after service upon you of this demand, the following:

1. The names and addresses of all physicians, technicians, therapists, nurse, aid, hospitals and other health care providers/facilities of every description, who have consulted, examined or treated the plaintiff for each of the conditions allegedly caused, activated, aggravated, or exacerbated by the occurrence described in the complaint, including dates of treatment or examination.

2. Original duly executed and acknowledged written authorizations, providing names and addresses thereon, to permit the undersigned to obtain copies of all medical records, bills, x-rays, technicians' reports, autopsy or post-mortem reports, for each hospital, clinic, or other health care facility in which the injured plaintiff herein is or was treated, confined, or examined, due to the occurrence set forth in the complaint.

3. Original duly executed and acknowledged written authorizations permitting the undersigned to obtain copies of the complete office medical record(s), bill(s) and reports, of any physician, technician, therapist, nurse or aid who has examined or treated plaintiff for the injuries alleged, including all diagnostic and x-ray films and reports.

4. Copies of all records and reports received from all health care providers/facilities identified above. These shall include a detailed recital of the injuries and conditions as to which testimony will be offered at trial, referring to those records, x-rays and technicians' reports which will be offered at the trial hereof.

DEMAND FOR MEDICAL AUTHORIZATIONS FOR PRE-EXISTING INJURY

1. Copies of all medical reports by physicians who treated, examined or saw the plaintiff(s) for any condition, injury or infirmity which plaintiff(s) claim(s) was aggravated, activated or exacerbated by the accident or occurrence which is the subject of this lawsuit.

2. Original duly executed and acknowledged written authorizations permitting the undersigned to obtain copies of the complete office medical record(s), bill(s), reports and x-rays of any physician, technician, therapist, nurse or aid who has examined or treated plaintiff for any condition, injury or infirmity which plaintiff(s) claim(s) was aggravated, activated or exacerbated by the accident or occurrence which is the subject of this lawsuit.

3. Original duly executed and acknowledged written authorizations, providing names and addresses thereon, to permit the undersigned to obtain copies of all medical records, bills, x-rays, technicians' reports, autopsy or post-mortem reports, for each hospital, clinic, or other health care facility in which the injured

plaintiff herein is or was treated, confined, or examined, for any condition, injury or infirmity which plaintiff claims was aggravated, activated or exacerbated by the accident or occurrence which is the subject of this lawsuit.

4. Copies of all records and reports received from all health care providers/facilities identified above for any condition, injury or infirmity which plaintiff claims was aggravated, activated or exacerbated by the accident or occurrence which is the subject of this lawsuit.

DEMAND FOR APPEARANCES

Demand is hereby made that you serve upon the undersigned attorneys a list of all names and addresses of all parties that have appeared in this action, together with the names and addresses of their respective attorneys as provided for by CPLR § 2103(e).

PLEASE TAKE NOTICE, that the foregoing are continuing demands; and if any of the above items are obtained or discovered after the date of this demand, they are to be immediately furnished to the undersigned pursuant to these demands.

PLEASE TAKE FURTHER NOTICE, that if these demands are not complied with, an application will be made for the imposition of appropriate sanctions and to compel compliance with this notice.

Dated: Elmsford, NY
March 3, 2008

Yours, etc.

LAW OFFICES OF DONALD L. FRUM

By: 

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Attorneys for Third-Party Defendant

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